

Site Accreditation Report – First Step Counseling, Inc.

Completed: July 26, 2017

Levels of Care Reviewed:

Substance Use Disorder (SUD) Services

Early Intervention (0.5)

Outpatient Services (1.0)

Intensive Outpatient Service (2.1)

Review Process: First Step Counseling, Inc. was reviewed by Division of Behavioral Health staff for adherence to the Administrative Rules of South Dakota (ARSD). The following information was derived from the on-site accreditation survey of your agency. This report includes strengths, recommendations, and citations for Plans of Corrections, results from reviewing policies and procedures, personnel and case file records, and conducting interviews with clients, administration, and agency staff.

Administrative Review Score: 80.6%

Combined Client Chart Review Score: 98.4%

Cumulative Score: 96.1%

ADMINISTRATIVE REVIEW SUMMARY

Strengths:

The agency provides a variety of outpatient substance use disorder (SUD) treatment services. Staff interviewed provided positive feedback in regards to the administration having an “open-door” policy and promoting a supportive learning environment. The staff members have a passion for helping individuals struggling with substance use disorders. The agency has a positive relationship with courts and attorneys. This is evident by the high referrals and quick turnaround in paperwork.

Recommendations:

1. Each new SUD staff, intern, and volunteer must receive the two-step method of tuberculin (TB) skin test or a TB blood assay test to establish a baseline within 14 days of employment. Any two documented tuberculin skin tests completed within a 12 month period prior to the date of employment can be considered a two-step or one TB blood assay test completed within a 12 month period prior to employment can be considered an adequate baseline test. [67:61:05:01 (1)] (Skin testing or TB blood assay tests are not necessary if documentation of the last skin testing completed within the prior 12 months. Skin testing or TB blood assay tests are not necessary if documentation is provided of a previous position reaction to either test.) One of the SUD program interns did not have TB tests documented in compliance with ARSD 67:61:05:01. The agency will need to update their policies and procedures to reflect the changes with ARSD.

2. According to ARSD 67:61:06:07 each agency shall have a written discharge policy. The policy should include client behavior that constitutes reason for discharge at staff request, the procedure for the staff to follow when discharging a client involved in the commission of a crime on the premises or against its staff, prohibition against automatic discharge for any instance of non-prescribed substance use or for displaying symptoms of mental or physical illness, and the procedure for referrals for clients with symptoms of mental illness or medical conditions.
3. Each SUD agency shall maintain an electronic or written directory complete with the name, address and telephone number of credentialed service providers available to provide support services to clients. Examples of support services are listed in ARSD 67:61:04:10. The agency did have a list of AA meetings but was lacking other support services in the directory. The directory was located in the break room and should be located in client areas.

Plan of Correction:

1. Each SUD agency shall have a policies and procedures manual to establish compliance with Administrative Rules and procedures for reviewing and updating the manual according to ARSD 67:61:04:01. The agency's policies and procedures that reference ARSD still reference the old Administrative Rules of Articles 46:05. The policies and procedures manual needs to be updated to reflect the new Administrative Rules in Articles 67:61 that went into effect in Dec 2016.
2. Each agency shall develop root cause analysis policies and procedures to utilize in response to sentinel events according to ARSD 67:61:02:21. Each agency shall report to the division within 24 hours of any sentinel event including: death not primarily related to the natural course of the client's illness or underlying condition, permanent harm or severe temporary harm and intervention require to sustain life.
3. The client rights form needs to be updated to the ARSD 67:61:06:02. This went into effect in Dec. 2016. Three of the six guaranteed client rights should be updated to clearly identify all client rights. The following items from this Rule are added
 - iii. The right to seek and have access to legal counsel;
 - iv. To have access to an advocate as defined in subdivision 67:61:01:01(4) or an employee of the state's designated protection and advocacy system;
 - vi. The right to participate in decision making related to treatment, to the greatest extent possible.
4. Each agency will have policies and procedures to ensure the closure and storage of case records at the completion or termination of a treatment program. The policies and procedure manual will need to be updated to reflect the new timelines according to ARSD 67:61:07:04.

CLIENT CHART REVIEW SUMMARY

Strengths:

The clients interviewed shared positive feedback in regards to the services they receive at First Step and counselor's availability outside of group times. The clients felt the agency heard and understood

individual's goals when treatment planning. The clients reported they would refer family or friends to the agency for help.

Recommendations:

1. In review of the client's integrated assessments, please ensure all of the elements required per ARSD 67:61:07:05 are clearly identified. The following elements were missing:
 - Identification of readiness for change for problem areas, including motivation and supports for making such changes;
 - Living environment or housing;
 - Safety needs and risks with regards to physical acting out, health conditions, acute intoxication, or risk of withdrawal;
 - Past or current indications of trauma, domestic violence, or both if applicable;
 - Behavioral observations or mental status, for example, a description of whether affect and mood are congruent or whether any hallucinations or delusions are present.

As we discussed during the exit interview, several assessments documented these as not applicable and/or had very little information in the written assessment, but were not clearly documented in the narrative assessment.

Plan of Correction: None